



Commissioner for Pat.
Washington, DC 20590
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Bib Data Sheet

CONFIRMATION NO. 7

SERIAL NUMBER 09/303,062	FILING DATE 04/30/1999 RULE	CLASS 709	GROUP ART UNIT 2141	ATTORNEY DOCKET NO. OLAI-1005-MC
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APPLICANTS

ANURAG MENDHEKAR, SUNNYVALE, CA;
GUDRUN SOCHER, SUNNYVALE, CA;
MOHAN VISHWANATH, SAN JOSE, CA;

**** CONTINUING DATA *******

This application is a CIP of 09/098,670 06/17/1998 PAT 6,216,157
and is a CIP of 08/970,735 11/14/1997 PAT 6,108,696

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY****
** 05/18/1999

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 10	TOTAL CLAIMS 4	INDEPENDENT CLAIMS 2
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

23910

TITLE

METHOD AND APPARATUS FOR RE-FORMATTING WEB PAGES

FILING FEE RECEIVED 445	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees _____
		<input type="checkbox"/> 1.16 Fees (Filing) _____
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time) _____
		<input type="checkbox"/> 1.18 Fees (Issue) _____
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit _____

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/303,062	04/30/99	709	2755	OLAI-1005-MC

APPLICANT ANURAG MENDHEKAR, SUNNYVALE, CA; GUDRUN SOCHER, SUNNYVALE, CA; MOHAN VISHWANATH, SAN JOSE, CA.

****CONTINUING DOMESTIC DATA*******

VERIFIED THIS APPLN IS A CIP OF 09/098,670 06/17/98, NOW PATENT
AND A CIP OF 08/970,735 11/14/97, NOW PATENT

6216157
~~6216157~~
6108696

****371 (NAT'L STAGE) DATA*******

VERIFIED

****FOREIGN APPLICATIONS*******

VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 05/18/99 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 10	TOTAL CLAIMS 4	INDEPENDENT CLAIMS 2
Verified and Acknowledged Examiner's Initials _____ Initials _____					

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SAN FRANCISCO CA 94111-4156

Cust No. 23910

TITLE METHOD AND APPARATUS FOR A CLIENT-SERVER SYSTEM WITH HETEROGENEOUS CLIENTS

FILING FEE RECEIVED \$445	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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